

PART B - FEE(S) TRANSMITTAL

11-8

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27964 7590 08/16/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faxed transmitted to the USPTO (703) 746-4000, on the date indicated below.

Elizabeth Schumacher (Depositor's name)
Elizabeth Schumacher (Signature)
November 8, 2004 (D)

11/15/2004 DENMANU2 00000034 09882911

01 FC:1501	1370.00 OP
02 FC:1504	300.00 OP
03 FC:8001	3.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09882,911	06/15/2001	John A. Michejda	MICHEJDA 4-6	9771

TITLE OF INVENTION: SEMICONDUCTOR DEVICE HAVING A GHOST SOURCE/DRAIN REGION AND A METHOD OF MANUFACTURE THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1350 1370	\$300	\$1630 1670	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCL ASS
FENTY, JESSE A	2815	257-386000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agere Systems Inc.

Allentown, PA 18109

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 1 The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number _____ (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Charles W. Gaines

November 8, 2004

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